1 - Office 4 - Home 2 - Field 5 - School 3 - Phone 6 - Satellite Clinic	8 - Correctional Fa 9 - Inpatient 10 - Homeless	ncility 11 - Faith-based 12 - Health Care 13 - Age-Specific	14 - Client's Job Site 15 - Adult Residential 16 - Mobile Service	17 - Non-Traditional 18 - Other 19 - Childrens Reside	20 - Telehealth 21 - Unknown ntial	
MEDICATION VISI (face to face)		ATE:	BILLING TIMI		LOCATION:	
Target Symptoms/Response to Meds:						
Evaluation of Side Effects/Action Taken: N/A T.D. Absent T.D. present (specify):						
Evaluation of oldo Encoto/Action Taken. [14/4 [175. Absolit [175. present (opeony).						
Client Compliance to Medication Plan:						
Lab Check: N/A Findings:						
Interventions: see Outpt. Medication Record						
Follow-Up: RTC:						
Recovery Update:						
Additional Actions Taken and Comment						
Additional Actions Taken and Comments:						
OTHER MEDICATI		DATE:	BILLING TIMI	<b>E</b> :	LOCATION:	
SUPPORT SERVICES (in person or by phone)						
(Giving advice re: meds; collateral information to family, caretaker, etc.) Document information discussed and specify person contacted.)						
Signature: Printed Name:						
orginature.						
MEDICATION VISIT INTERDISCIPLINARY NOTE			NAME:			
			CHART NO:			
Confidential Patient Information See W&I Code 5328			D	OB:		
			_	0000000		
		P	ROGRAM:			